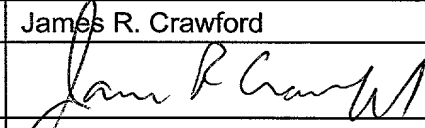


<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	UNIUS-203 (10025497)	Total Pages	---
		First Named Inventor or Application Identifier			
		Yoshinori NAKAGAWA and Takahiro IKEJIRI			
		Express Mail Label No.	EL 759724025 US		
<b>APPLICATION ELEMENTS</b>  See MPEP Chapter 600 concerning utility patent application contents.			<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231		
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 17] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 3]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional check boxes 5 and 16)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s)</p> <p>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked)</p> <p>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>			<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) JP2000-215332</p> <p>15. <input checked="" type="checkbox"/> Other: Small entity statement of assignee</p>		
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No:					
17. <input type="checkbox"/> For this application, please cancel original Claims of the prior application before calculating the filing fee.					
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below					
19. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to James R. Crawford at: Telephone: (212) 318-3148 Fax: (212) 318-3400					
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	James R. Crawford				Reg. No. 39,155
SIGNATURE					
DATE	December 15, 2000				

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	Nakagawa et al..
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket Number	UNIUS-203

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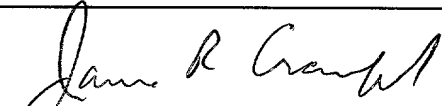
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	10 - 20 =	0	x 9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 82.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	-----
			<b>TOTAL FEES</b>	<b>\$355.00</b>

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$355.00
- ☐ A check for \$710.00.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	James R. Crawford	Reg. No. 39,155
Signature		Date: December 15, 2000
		<b>Deposit Account No. 50-0624</b>